

EXHIBIT - 1

Medical Records:

- > 2 Pages (1) MRI of the Tibia/Fibular, and (2) MRI of the Left ankle both dated "June 19, 2006";
- > "Consultation Sheet dated: 6/21/06";
- > "Consultation Sheet" dated: 6/29/06.

**Total: 4 Pages**

MEDICAL RECORD	CONSULTATION SHEET	
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## REQUEST

TO:	FROM: (Requesting physician's name and rank by MILITARY FACILITY, PA-C)	DATE OF REQUEST
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Ortho

USPHS

10/21/06

REASON FOR REQUEST (Complaints and findings)

h10 injury in March - claims he was kicked in  
calf. C10 cont. pain. Amb & normal gait  
mu attached

## PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	<input type="checkbox"/> ROUTINE	<input type="checkbox"/> TODAY
		<input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	<input type="checkbox"/> 72 HOURS	<input type="checkbox"/> EMERGENCY

## CONSULTATION REPORT

RECORD REVIEWED  YES  NOPATIENT EXAMINED  YES  NO

Playing basket ball 3.06 & felt pop in L  
Calf. Gait has improved.

MRI is + for Achilles partial tear.

Swelling worse in boots.

Able to plantar flex.

Dx - partial tear

Plan - No sports.

Heel lift. -

No boots

Re ✓ 1 mo.

(Continue on reverse side)

SIGNATURE AND TITLE

P.L.J

D.W.

DATE

6-29-06

IDENTIFICATION NO.	ORGANIZATION	REGISTER NO. Dr. C. Vermeire LSA/SCP Officer Allenwood	WARD NO.
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PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; hospital or medical facility)

Gilbert      Reginald  
 USP ALLENWOOD  
 P.O. BOX 3500  
 WHITE DEER, PA 17887  
 100 9/20/57

CONSULTATION SHEET

Medical Record

STANDARD FORM 513 (REV 9-62)  
Prescribed by GSA/ICMRC, FORM 141 GPO 200-1000

Multi-Diagnostic Services 139-16 91<sup>st</sup> Street, Jamaica, NY 11435 Telephone 718.454.8556

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Interpreted by Clifford Beinart, M.D. Board Certified Radiologist  
311 Greenwich Street, NY NY 10013

Date of Study: June 8, 2006

Date of Report: June 13, 2006

Location: Allenwood USP

DIN: 03854-078

Date of Birth: September 20, 1957

RE: Gilbert-Bey, Reginald

Dear Dr.,

**MRI OF THE TIBIA/FIBULAR**

Axial sections and coronal imaging was obtained through the tibia/fibular.

Images through the foot revealed a markedly thickened Achilles tendon.

Marked thickening of the Achilles tendon noted. There is abnormal signal from the left gastrocnemius muscle apparent. Soleus appear spared.

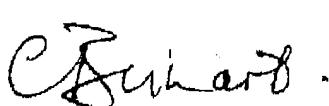
Diffusely abnormal signal through the muscle apparent, most compatible with a muscle sprain. This abnormal signal extends from the middle third of the calf inferiorly to the level of the Achilles tendon.

The tendon is not torn and continuity is identified.

The soft tissue structure otherwise normal. Bony structures are intact.

**IMPRESSION: MARKEDLY ABNORMAL ACHILLES TENDON APPEARING MASS LIKE. DIFFUSE ABNORMAL SIGNAL THROUGHOUT THE DISTAL 2/3 OF THE GASTROCNEMIUS MUSCLE COMPATIBLE WITH MUSCLE BRUISING. CLINICAL CORRELATION AND EVALUATION URGED.**

Sincerely,



C Beinart M.D.

 pros 6/26

CB/dl

Multi-Diagnostic Services 139-16 91<sup>st</sup> Street, Jamaica, NY 11435 Telephone 718.454.8556

Interpreted by Clifford Beinart, M.D. Board Certified Radiologist  
311 Greenwich Street, NY NY 10013

Date of Study: June 8, 2006

Date of Report: June 13, 2006

Location: Allenwood USP

DIN: 03854-078

Date of Birth: September 20, 1957

RE: **Gilbert-Bey, Reginald**

Dear Dr.,

**MRI OF THE LEFT ANKLE**

Multiple axial sagittal and coronal images through the ankle were obtained with T1 and T2 weighting.

Achilles tendon is markedly abnormal. The tendon is markedly enlarged and thickened. The tendon does appear intact and is not torn at least where visualized currently with the tendon inserting in an normal fashion upon the calcaneus.

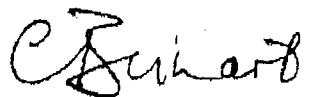
The bony structures are intact without evidence of edema. Tarsal tunnel is normal. Talonavicular and calcaneocuboid joints are normal.

The ankle mortise is intact. The bony structures are unremarkable. Medial and lateral ankle ligaments are intact. Anterior talar fibular ligament is intact. No significant effusion present.

Flexor and extensor tendons are normal.

**IMPRESSION: MARKEDLY THICKENED ABNORMAL ACHILLES TENDON  
APPEARING MASS LIKE IN THE DISTAL CALF.**

Sincerely,



C Beinart M.D.

CB/dl

  
P0605 7/13/06  
needs ortho consult level III

3-110

NSN 7540-00-634-4127

## MEDICAL RECORD

## CONSULTATION SHEET

## REQUEST

TO: <i>O Aho</i>	FROM: (Requesting physician or activity) <i>PRO/ID</i>	DATE OF REQUEST <i>6/29/04</i>
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REASON FOR REQUEST (Complaints and findings)

*1 month F/U partial Achilles tear*

## PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	<input type="checkbox"/> ROUTINE	<input type="checkbox"/> TODAY
		<input type="checkbox"/> BEDSIDE	<input type="checkbox"/> ON CALL	<input type="checkbox"/> 72 HOURS
				<input type="checkbox"/> EMERGENCY

## CONSULTATION REPORT

RECORD REVIEWED  YES  NOPATIENT EXAMINED  YES  NO

(Continue on reverse side)

SIGNATURE AND TITLE	DATE		
IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

*Gilbert-Bey, Regina I'd  
03854-006  
USP ALLENWOOD  
P.O. BOX 3500  
WHITE DEER, PA 17887*

CONSULTATION SHEET  
Medical Record

STANDARD FORM 513 (REV. 8-92)  
Prescribed by GSA/ICMRL. PRINTED 141 CPM/2004

EXHIBIT - 2

MEMORANDUM FOR INMATE POPULATION  
FROM: Jonathan C. Miner, Warden  
SUBJECT: Lockdown  
Dated: August 23, 2006



Federal Bureau of Prisons

*U.S. Penitentiary, Alienwood*

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*White Deer, PA 17887-3500*

August 23, 2006

MEMORANDUM FOR INMATE POPULATION

*Jonathan C. Miner*  
FROM: Jonathan C. Miner, Warden  
SUBJECT: Lockdown

This memorandum serves as information regarding the current status of the institution lockdown.

On Sunday, August 20, 2006, two separate incidents occurred during the late afternoon. One on the general compound and one within unit IVB. The inmates involved crossed racial lines and one incident involved the use of weapons, thus causing the lockdown. The inmates responsible have been placed in the Special Housing Unit (SHU).

Upon the conclusion of mass interviews, intelligence gathering and shakedowns, the institution will attempt to open at the beginning of next week, possibly on Monday, August 28, 2006. Until then, there will be no inmate visiting. Inmates will have the opportunity to take a shower and use the telephone on Thursday, August 24, 2006 and/or Friday, August 25, 2006. Additionally, inmates will continue to receive mail, medications and ready-made meals in their assigned cells. Certain meals will be enhanced with fruit, hard-boiled eggs, and milk.

Should problems continue, the institution will be placed back on lockdown for an undetermined amount of time.

Any further questions can be directed to members of your unit team, to include the unit officer and various institutional staff making rounds.